

Guidance for Social Distancing in Emergency Food Access Programs

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This public health guidance document outlines the practical application of prevention strategies to reduce the spread of COVID-19 in emergency food access environments, such as food shelf or food bank operations. **This guidance is applicable to emergency food access programs and any administrators seeking support for programming that uses volunteers and staff of vital emergency food access systems.**

Public health guidance is based on the Centers for Disease Control and Prevention’s Guidance for workplaces.

The guidance recognizes that each program setting is unique, and it may not be possible for the proposed strategies to be implemented in every setting. Administrators are encouraged to think creatively about ways to increase the physical space between staff and volunteers while limiting interactions with clients.

If you are a volunteer - Please take some time to go over this document so you know what you can expect during your volunteer experience. Check in with the emergency food access operation you are working on behalf of for their specific guidance.

If you are an emergency food access site administrator - Please take the time to understand and to implement the prevention strategies designed to reduce the spread of COVID-19 in your emergency food access operation.

Safely working together is a win-win for the critical emergency food access functions and the critical volunteers that make this work happen.

What is social distancing?

The term “social distancing” is commonly used in today’s media, but it can be difficult to know what it actually means. Social distancing refers to measures being taken to restrict where and when people can gather in order to stop or slow the spread of infectious disease. In general, 6 feet of separation is the distance that should be kept between people interacting within their community. This recommendation is most important in the setting of a large gathering where there is intermingling of people whose symptom status may be hard to monitor.

Have a plan and prepare

- CDC and MDH recommends that all businesses identify program administrators who are responsible for COVID-19 issues and preventive activities.

- For food shelf operations, this may be best accomplished by assigning someone to the safety officer position for each shift (see end of document for job aid to support this function)
- Communicate with volunteers prior to arrival to set expectations for participating in programming. Communication should include what strategies will be implemented at the facility to mitigate the risk of COVID-19 exposure, what the volunteer can expect upon arrival, and what the expectations are of the volunteer during their shift.
 - Volunteer waivers can be signed electronically prior to arrival, to reduce the use of pens and clipboards.
- Reach out the Minnesota Department of Health or your local public health agency for guidance on personal protective equipment use such as gloves, cloth masks, disinfectant and cleaning, and handwashing guidance.

Promoting a safe program environment

- Adapt practices to allow physical distancing of at least 6 feet whenever possible.
- Try to adhere to a staff (or volunteer) to participant ratio of 1:9. If social distancing cannot be attained with the group size, then the number of participants must be reduced.
- Try not to exceed 20 individuals in a group, ideally 10.
- Keep records of staff and volunteer hours to easily reference when they were last on a shift.
- Have a plan for back-up staffing in case a staff member or volunteer becomes ill during their shift.
- Avoid having areas easily accessible that would allow staff, volunteers or participants to easily congregate in a limited space.

How can programs practice social distancing in an indoor environment?

Maintaining safe program spaces

- **Modify operations where participants are likely to be in very close contact.**
 - Whenever possible, encourage volunteers and staff to spread out. Consider using visual cues to demonstrate physical spacing.
- **Encourage and reinforce social norms and health etiquette.**
 - Ensure the availability of appropriate cleaning supplies (e.g., disinfectant spray or wipes) for cleaning of high-touch surfaces.
 - Have hand sanitizer and tissues readily available for use by staff and volunteers.

- Reinforce handwashing routines. Ask staff and volunteers to wash hands upon entering and leaving the facility.
- Educate on the importance of avoiding touching their faces throughout the day, and washing their hands when they do.
- Ensure sick policies are supportive of volunteers and staff staying home when sick. Make it clear that if they arrive and have symptoms of illness, they will not be allowed to work.
- **Consider ways to accommodate the needs of staff and volunteers at risk for serious illness from COVID-19.**
 - Staff and volunteers who cannot be at work due to their own high-risk conditions should be offered at-home alternatives for working.
 - Calling donors to thank them
 - Garden planting by planting an extra row and giving extra produce to food shelf
 - Establishing food drives
 - The CDC lists underlying medical conditions that may increase the risk of serious COVID-19 for people of any age: [Implementation Strategies for Communities with Local COVID-19 Transmission \(PDF\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf) (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>).

Promote cloth face coverings

- **Follow cloth face covering guidance.**
 - Staff and volunteers are encouraged to wear cloth face coverings during their shift as much as possible.
 - All client-facing staff must wear face coverings.
 - Educate on ways to reliably wear, remove, and handle the cloth face covering throughout the day. Encourage laundering after use.
- **Face covering guidance is available here:**
<https://www.health.state.mn.us/diseases/coronavirus/prevention.html>

Client interactions

- Use the Standard Distribution Method (<https://iloveguys.org/sdm.html>) as a contactless drive-up method for distributing food and products to clients.
- Avoid touching a client's vehicle.
 - Clean and disinfect common surfaces between clients.
 - Minimize crowding at pick-up times.
 - Add visual cues or barriers to direct traffic flow and distancing.

- Develop signage and processes to minimize interactions of clients.
- Consider dividing up participant entry points rather than funneling all participants through the same entry space. These approaches can limit the amount of close contact between participants in high-traffic situations and times.

Consider best practices for indoor air circulation

- Consider practices to improve air flow by bringing in fresh outdoor air as much as possible
- Consider using rooms with high ceilings that have more space for anything in the air to move around and thin out
- Open windows and outer doors when weather and safety permits
- Use portable fans and ceiling fans with caution, as the impact of fans on the risk of spreading the virus are unknown.
- Additional resources on indoor air flow are available on the MDH website (<https://www.health.state.mn.us/diseases/coronavirus/indoorair.html>).

Minimize opportunities for mixing between groups

- **Create Zone of Defense and assign volunteers and staff to a specific zone for the duration of the shift.**
 - Zone of Defense is a way food shelves in Minnesota have designed to keep each area - or zone - and its associated process managed by one assigned volunteer who stays in that area and role to avoid cross-contamination.
- **Limit nonessential visitors.**
 - Consider limiting public access to indoor facilities.
- **Drinking fountains on-site.**

Think carefully about how drinking fountains are being used and how regularly they are being cleaned in making a decision to use them.

If you do use them, ensure there are hand hygiene products available right by the drinking fountain and encourage users to perform hand hygiene before and after using the drinking fountain.

- **Adhere to current travel restrictions.**
 - CDC's Travel Updates for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Encourage and reinforce social norms and health etiquette

- **Promote materials and trainings to ensure that staff, volunteers and participants:**
 - Wash hands often with soap and water for at least 20 seconds, especially after having been in a public place or after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - [Hand Hygiene](#)
 - Always cover mouth and nose with a tissue when there is a need to cough or sneeze. Throw used tissues in the trash. If a tissue is not available, cough or sneeze into arm or elbow.
 - [Cover Your Cough](#)
- Ask staff and volunteers to wash hands upon arriving and when entering or leaving indoor spaces.
- Have hand sanitizer and tissues readily available for use by staff and volunteers.
- Ensure the availability of appropriate cleaning supplies (e.g., disinfectant wipes) for cleaning of high-touch surfaces.
- Ensure volunteers aren't sharing water bottles, food, or other items.
- Avoid using other employees' phones, desks, offices, or other work tools or equipment.
- Post posters, use social media, email communication, etc. around symptoms of COVID-19 and health etiquette expectations.

Promote health checks

- **Emphasize the importance of daily health checks**
 - This includes screening for participants, staff, and volunteers to ensure those who develop symptoms are not allowed to participate.
 - Assign someone on the shift to be the safety officer.
 - Reference this employee screening checklist: <https://www.health.state.mn.us/diseases/coronavirus/facilityhlthscreen.pdf>
 - Consider using the example job aid at the end of this document.
- **Utilize exclusion guidance and isolate symptomatic staff and program participants**
 - Follow exclusions guidance and ensure staff and participants stay home when sick: <https://www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf>
 - Ensure sick policies are supportive of volunteers and staff staying home when sick.
 - Have a plan if staff or volunteers get sick.
 - Make a plan prior to sessions around expectations if they become ill while at the program.

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- Plan to have a room or area that can be used to isolate a symptomatic staff member or volunteer while they wait to be picked up or are able to leave on their own; ensure there is enough space for multiple people placed at least 6 feet apart (in the case more than one participant becomes ill).
- Ensure that there are hygiene supplies available, including a cloth mask, facial tissues, and alcohol-based hand rub.
- If a volunteer or staff is diagnosed with COVID-19, reach out the Minnesota Department of Health or your local county public health agency for further direction.

Food Shelf Operations: Safety Officer Job Aid During COVID-19

Start of shift

- Locate temporal thermometer
- Locate wrist bands or identifier
- Locate personal protective equipment

Building entry procedure

MUST BE DONE EACH DAY FOR EACH PERSON

Anyone who enters the building must enter through (*the designated*) entrance and be evaluated by the Safety Officer. Hand washing **MUST** be completed upon entry.

Safety Officer: Ask the following questions on the Worker and Visitor Health Screening Checklist to all who enter. Use social distance or barrier controls during this process. If distance or barriers cannot be implemented during screening, personal protective equipment can be used when the screener is within 6 feet of an employee during screening. If someone answers YES to any of the following questions, they are NOT allowed to enter the building and must be sent home.

Worker and Visitor Health Screening Checklist

Safety Officer ask the following questions:

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition?

Please answer “Yes” or “No” to each question. Do you have:

- Fever (100.4 F or higher), or feeling feverish?
- Chills?
- A new cough?
- Shortness of breath?
- A new sore throat?
- New muscle aches?
- New headache?
- New loss of smell or taste?

In addition to personal health screening, ask:

- Have you traveled out of the State within the last 21 days?
- Have you been around anyone with previous symptoms or tested positive for COVID19 or influenza A & B in the last 14 days?

If a worker, volunteer or visitor answers “Yes” to any of the screening questions or has a measured temperature above 100.4°F, they should be advised to go home, stay away from other people, and contact their health care provider.

Around the work area

Everyone must clean work stations upon entry and before leaving with provided cleaning supplies.

Food and drinks stay in break rooms and should be kept covered, everyone must wash hands before and after eating

Social distancing, minimum 6 feet apart. No handshaking, or personal contact.

All personnel be cautious in touching face, to include eye, nose and mouth.

Encourage use of face covering masks; enforce social distance and safety precautions.

Anyone appearing ill will be removed and isolated in a separate area and be evaluated by safety officer determining if it is COVID19 or any other life hazard. If medical emergency call 911.

Additional procedures to share ahead of time

1. If you are sick – stay home and consult with medical professional
2. Cover you cough or sneeze by covering with elbow or a tissue when available and immediately throw away the tissue
3. Wash your hands often with soap and water for at least 20 seconds
4. Regularly use hand sanitizer that contains at least 60% alcohol
5. Regularly disinfect frequently touched objects and surfaces
6. Be cautious with close human contact and interactions – respect the 6-foot social distancing practice
7. No hand shaking or giving high fives